



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D980606156

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) No Name (Jones Chemical/Emerson Ldfl)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 2700 South Emerson Ave.			
03 CITY Indianapolis	04 STATE IN	05 ZIP CODE 46203	06 COUNTY Marion	07 COUNTY CODE 97	08 CONG DIST 10
09 COORDINATES LATITUDE _____		LONGITUDE _____			

10 DIRECTIONS TO SITE (Starting from nearest public road)

III. RESPONSIBLE PARTIES

01 OWNER (If known)		02 STREET (Business, mailing, residential)			
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER ()		
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: ____/____/____ ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ ☐ C. NONE
MONTH DAY YEAR MONTH DAY YEAR

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ <input type="checkbox"/> NO MONTH DAY YEAR		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
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02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input type="checkbox"/> UNKNOWN
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04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Comments: This is a duplication of the Jones Chemical/Emerson Ldfl.
IND980703235. The site has already received an HRS score of 16.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

EPA Region 5 Records Ctr.



297869

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT George Oliver NO 7/2	02 OF (Agency/Organization) Indiana State Board of Health	03 TELEPHONE NUMBER (317) 243-5038
04 PERSON RESPONSIBLE FOR ASSESSMENT Michael Dalton	05 AGENCY LPC	06 ORGANIZATION ISBH
07 TELEPHONE NUMBER (317) 243-5041		08 DATE 6, 19, 84 MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D980606156

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION


01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
(Acres)

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION	
				01 STATE IN	02 SITE NUMBER D980606156
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08 CONG DIST 10					
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10 DIRECTIONS TO SITE (Starting from nearest public road)					
III. RESPONSIBLE PARTIES					
01 OWNER (If known)			02 STREET (Business, mailing, residential)		
03 CITY			04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
					()
07 OPERATOR (If known and different from owner)			08 STREET (Business, mailing, residential)		
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13 TYPE OF OWNERSHIP (Check one)					
<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL					
<input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION			BY (Check all that apply)		
<input type="checkbox"/> YES DATE ____/____/____ MONTH DAY YEAR			<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR		
<input type="checkbox"/> NO			<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)		
CONTRACTOR NAME(S): _____					
02 SITE STATUS (Check one)			03 YEARS OF OPERATION		
<input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN			____/____ BEGINNING YEAR ____/____ ENDING YEAR <input type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED					
Comments: This is a duplication of the Jones Chemical/Emerson Ldfl. IND980703235. The site has already received an HRS score of 16.					
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VI. INFORMATION AVAILABLE FROM					
01 CONTACT George Oliver No 7/23		02 OF (Agency/Organization) Indiana State Board of Health		03 TELEPHONE NUMBER (317) 243-5038	
04 PERSON RESPONSIBLE FOR ASSESSMENT Michael Dalton		05 AGENCY LPC	06 ORGANIZATION ISBH	07 TELEPHONE NUMBER (317) 243-5041	08 DATE 6, 19, 84 MONTH DAY YEAR

3B

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810608

VOLUNTARY

IN#299

INS-000-001-291

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name ELI LILLY AND COMPANY
Street 307 EAST MCCARTY ST.
City INDIANAPOLIS State IN Zip Code 46285

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site (NO NAME)
Street 2700 SO. EMERSON AV
City _____ County MARION State IN Zip Code 46203

IND 980606156

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) ULLICH, ARLE J. (CONSULTANT)
Phone (317) 261-2000

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) _____ To (Year) _____

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify) _____

Source of Waste:
Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify) _____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

000076 JUN -81

JUN 08 1981



Eli Lilly and Company

307 East McCarty Street
Indianapolis, Indiana 46285
(317) 261-2000

June 5, 1981

U.S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Attention: Site Notification

Gentlemen:

In compliance with Section 103(c) of the CERCLA Act of 1980 (PL96-510), we submit the following closed sanitary landfill site locations in Marion County, Indiana as possible depositories for hazardous wastes as described by present RCRA characteristics, i.e., corrosive or ignitables. We, along with other local industries undoubtedly deposited residual quantities of ignitable or corrosive wastes from time to time in these landfills. Such wastes, consisting of such items as process filter cakes and discarded containers and packaging were periodically mixed with trash and subsequently taken to one or more of the listed landfills. This disposal procedure was considered state-of-the-art at that time.

It is our belief that no hazard now exists and such wastes have long ago either degraded or have been neutralized.

It is a matter of record that the U.S. Geological Survey, Water Resources Division in cooperation with the Department of Public Works, Indianapolis conducted a groundwater-quality survey from 1972 to 1975 to study groundwater movement in the areas of the seven (7) closed landfills. This work was published in June 1977 by the U.S. Department of the Interior and is referenced as: Water-Resources Investigation 77-40.

The closed landfills are:

1. U.S. Highway and Senour Road
2. West 96th Street and Zionsville Road
3. 2561 Kentucky Avenue
4. 800 West Raymond Street
5. 2700 South Emerson Avenue
6. Banta Road and Tibbs Avenue
7. 4300 West Southport Road

1981 JUN 10 10 00 AM